



CANDIDATE, OFFICEHOLDER AND CONTROLLED COMMITTEE
CAMPAIGN STATEMENT - LONG FORM

(Government Code Sections 84200-84216.5)
(Type or Print in Ink)

Statement covers period 7-1-90 through 6-30-90

FORM 490
1990

CHECK ONE OF THE FOLLOWING BOXES TO INDICATE THE TYPE OF STATEMENT BEING FILED:

☐ PRE-ELECTION STATEMENT

☒ SEMI-ANNUAL STATEMENT

☐ TERMINATION STATEMENT

Attach a completed Form 415 to this statement.

☐ SUPPLEMENTAL PRE-ELECTION STATEMENT (If filing a Supplemental Pre-Election Statement, attach a completed Form 495 to this statement.)

RECEIVED
PAGE 1 OF 2
JUL 26 PM 2:14

ALICE M. FINCHE
CITY CLERK
CITY OF LODI

DATE OF ELECTION (MO., DAY, YR.) (IF APPLICABLE)

A FOR OFFICIAL USE ONLY

I CANDIDATE/OFFICEHOLDER INCLUDED IN THIS CONSOLIDATED REPORT

NAME OF CANDIDATE/OFFICEHOLDER:

Susan Hitchcock Akin

OFFICE SOUGHT OR HELD: (Include location and district number if applicable)

RESIDENTIAL OR BUSINESS ADDRESS:

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/DAY TIME PHONE NUMBER

141 S. Avenida Ave.

Lodi

CA

95240

(209) 334-9362

II CONTROLLED COMMITTEE INCLUDED IN THIS REPORT (See definition on reverse.)

NAME OF COMMITTEE:

Committee For Susan Hitchcock Akin

I. D. NUMBER

880541

ADDRESS OF COMMITTEE:

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/DAY TIME PHONE NUMBER

141 S. Avenida Ave.

Lodi

CA

95240

(209) 334-9362

NAME OF TREASURER:

Nancy Wall

PERMANENT ADDRESS OF TREASURER:

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/DAY TIME PHONE NUMBER

1026 Port Chelsea Circle

Lodi

CA

95240

(209) 334-1101

III OTHER COMMITTEES: LIST ANY OTHER COMMITTEES NOT INCLUDED IN THIS STATEMENT WHICH ARE CONTROLLED BY YOU AND ANY COMMITTEES PRIMARILY FORMED TO RECEIVE CONTRIBUTIONS OR MAKE EXPENDITURES ON BEHALF OF YOUR CANDIDACY.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	TREASURER	CONTROLLED COMMITTEE?	
			YES	NO

Attach additional information on appropriately labeled continuation sheets.

VERIFICATION

CANDIDATE OR OFFICEHOLDER:

I HAVE USED ALL REASONABLE DILIGENCE AND TO THE BEST OF MY KNOWLEDGE THE TREASURER HAS USED ALL REASONABLE DILIGENCE IN PREPARING THIS STATEMENT. I HAVE REVIEWED THE STATEMENT AND TO THE BEST OF MY KNOWLEDGE THE INFORMATION CONTAINED HEREIN AND IN THE ATTACHED SCHEDULES IS TRUE AND COMPLETE. I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

EXECUTED ON 7-26-90 AT Lodi, CA

(DATE)

(CITY AND STATE)

BY

(SIGNATURE OF CANDIDATE OR OFFICEHOLDER)

TREASURER (if applicable):

I HAVE USED ALL REASONABLE DILIGENCE IN PREPARING THIS STATEMENT AND TO THE BEST OF MY KNOWLEDGE THE INFORMATION CONTAINED HEREIN AND IN THE ATTACHED SCHEDULES IS TRUE AND COMPLETE. I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

EXECUTED ON 7-26-90 AT Lodi, CA

(DATE)

(CITY AND STATE)

BY

(SIGNATURE OF TREASURER)

SUMMARY PAGE
FORM 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD
FROM 1-1-90
THROUGH 7-1-90

6-30-91

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE:

I.D. NUMBER

88 054 /

CONTRIBUTIONS RECEIVED

	COLUMN A Cumulative total from previous period*	COLUMN B Total this period from attached schedules	COLUMN C Cumulative to date (Columns A + B)
1. Monetary contributions.....	\$ 1,168-	\$ 0	\$ 1,168-
2. Loans received.....	1,000-	0	1,000-
3. SUBTOTAL CASH RECEIPTS.....	\$ 2,168-	\$ 0	\$ 2,168-
	LINES 1 + 2	LINES 1 + 2	LINES 1 + 2
4. Non-monetary contributions.....	0	0	0
5. TOTAL CONTRIBUTIONS WITHOUT ENFORCEABLE PROMISES.....	2,168-	0	2,168-
	LINES 3 + 4	LINES 3 + 4	LINES 3 + 4
6. Enforceable Promises (Except loan guarantees, see Line 18 below).....	0	0	0
7. TOTAL CONTRIBUTIONS.....	\$ 2,168-	\$ 0	\$ 2,168-
	LINES 5 + 6	LINES 5 + 6	LINES 5 + 6

EXPENDITURES MADE

8. Payments.....	\$ 2,061.75	\$ 0	\$ 2,061.75
9. Loans Made.....	0	0	0
10. SUBTOTAL.....	2,061.75	0	2,061.75
	LINES 8 + 9	LINES 8 + 9	LINES 8 + 9
11. Accrued expenses (unpaid bills).....	0	0	0
12. TOTAL EXPENDITURES.....	\$ 2,061.75	\$ 0	\$ 2,061.75
	LINES 10 + 11	LINES 10 + 11	LINES 10 + 11

(SHOULD EQUAL LINE 7,
COLUMNS A + B)

*IF THIS IS THE FIRST REPORT FILED FOR THE CALENDAR YEAR, COLUMN A SHOULD BE BLANK
EXCEPT FOR LINES 2, 6, 9 AND 11 (if applicable).

STATEMENT OF CHANGES IN FINANCIAL CONDITION

13. Cash on hand at the beginning of this period. (Enter amount from Summary Page, Line 17, from previous statement filed.).....	\$ 106.25	
14. Cash receipts this period (Line 3, Column B above).....	0	
15. Miscellaneous increases to cash (Schedule G, Line 4).....	0	
16. Cash payments this period (Line 10, Column B above).....	0	
17. Cash on hand at end of reporting period (Lines 13 + 14 + 15 - 16 above) (If this is a Termination Statement, Line 17 must be Zero.).....		\$ 106.25
18. Amount of loan guarantees received (Schedule B, Part I, Column (b)).....		ENDING CASH ON HAND SHOULD NOT BE A NEGATIVE AMOUNT
19. Cash equivalents (other assets held including outstanding loans made to others). Important: See instructions on reverse.....		0
20. Outstanding debts (Line 2 + Line 11 of Column C above).....		\$ 1,000-

SUMMARY FOR CANDIDATES IN BOTH A JUNE AND NOVEMBER ELECTION (See Instructions on Reverse)

	1/1 THRU 6/30	7/1 TO DATE
21. CONTRIBUTIONS RECEIVED:	0	0
22. EXPENDITURES MADE:	0	0